

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27665

1. Entity Name

VISMA, INC.

Principal Place of Business

603 JASMINE DR.
MELBOURNE BECH FL 32951

Mailing Address

603 JASMINE DR.
MELBOURNE BECH FL 32951-2121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2716595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAH, UMA M.
603 JASMINE DR.
MELBOURNE BEACH FL 32951

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SHAH, MANHAR L.	603 JASMINE DR.	MELBOURNE BEACH FL				
STD	SHAH, UMA M.	603 JASMINE DR.	MELBOURNE BEACH FL				
VD	PARIKH, KISHOR.N.	4 VICTORIA WAY	KENDALL PARK NJ				
D	PARIKH, KOKILA K.	4 VICTORIA WAY	KENDALL PARK NJ				
VD	KARIA, MAHENDRA V.	3205 MARSHALL DR.	MELBOURNE FL				
D	KARIA, CHANDRA M.	3205 MARSHALL DR.	MELBOURNE FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manhar L. Shah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-2000 321 752 8010

CR2E034 (9/99)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90073 043 ***150.00



DO NOT WRITE IN THIS SPACE